

# **EXHIBIT 5**

1 UNITED STATES DISTRICT COURT

2 NORTHERN DISTRICT OF OHIO

3 EASTERN DIVISION

4 \* \* \*

5  
6 IN RE:

7 NATIONAL PRESCRIPTION MDL 2804

8 OPIATE LITIGATION Case No. 1:17-md-2804

9  
10 \* \* \*

11 Deposition of ERIC A. GRIFFIN,  
12 Witness herein, called by the Defendants for  
13 cross-examination pursuant to the Rules of Civil  
14 Procedure, taken before me, Christine Gallagher,  
15 a Notary Public and Registered Professional  
16 Reporter in and for the State of Ohio, at the  
17 Sheraton Columbus at Capitol Square, 75 East  
18 State Street, Judicial Board Room, Columbus,  
19 Ohio, on Wednesday, the 23rd day of January,  
20 2019, at 8:48 a.m.

21 \* \* \*

1           Q.     When you say you were seeing  
2     various drug trends that would make you believe  
3     that, what do you mean?

4           A.     Sure.   So an example of it would  
5     be at the time we were seeing a massive amount  
6     of Florida prescriptions coming to the State of  
7     Ohio from what was labeled as pill mills down  
8     in the Florida, Broward County area, and  
9     massive amounts of prescriptions.

10          Q.     Do you know the types of  
11     prescriptions that were coming in from Florida?

12          A.     Most of the time they were for  
13     hydrocodone, oxycodone, Soma, alprazolam.

14          Q.     And do you have an understanding  
15     that hydrocodone, oxycodone are opioids?

16          A.     Yes, ma'am.

17          Q.     And alprazolam is a benzodiazapine?

18          A.     Yes, ma'am.

19          Q.     What is Soma?

20          A.     A muscle relaxer or a mild -- it  
21     can also be used as a mild pain reliever.

22          Q.     Have you ever used the term  
23     diversion in your work at the board?

24          A.     Yes, ma'am.

25          Q.     What is your understanding of the

1 term diversion?

2 A. My understanding of diversion is  
3 when a pharmaceutical prescription is in any  
4 way redirected from its legitimate medical use  
5 to an illicit use, whether that's to an  
6 individual or being sold or being stolen, when  
7 it's essentially taken out of the legitimate --  
8 the legitimate medical use system to be used  
9 illicitly.

10 Q. So do you agree that the transfer  
11 from a DEA registered and Ohio licensed entity  
12 to another DEA registered and Ohio licensed  
13 entity is not diversion?

14 A. Correct, it would be a normal  
15 course of business.

16 Q. And do you agree that transfer  
17 from a DEA registered and Ohio licensed  
18 dispenser to an outpatient who presents a legal  
19 prescription written by a licensed prescriber  
20 is not diversion?

21 A. As long as it's a legal  
22 prescription, yes, ma'am.

23 MS. BROWNE: Can I get AA, please?

24 (Thereupon, Defendants' Exhibit  
25 Number 3, Letter Dated September 27, 2006 from

1           Q.     Okay. On page 2 of Exhibit 3, the  
2     second paragraph reads, DEA recognizes that the  
3     overwhelming majority of registered  
4     distributors act lawfully and take appropriate  
5     measures to prevent diversion.

6                     Did I read that correctly?

7           A.     Yes, ma'am.

8           Q.     Has that been your experience in  
9     your time at the board, that the overwhelming  
10    majority of registered distributors act  
11    lawfully?

12          A.     Yes, ma'am.

13          Q.     On the third page of this document  
14    under the heading circumstances that might be  
15    indicative of diversion, under number 1 is  
16    ordering excessive quantities of a limited  
17    variety of controlled substances, open parens,  
18    e.g. ordering only phentermine, hydrocodone and  
19    alprazolam, closed parens, while ordering few,  
20    if any, other drugs.

21                     Did I read that correctly?

22          A.     Yes, ma'am.

23          Q.     When we were talking about the  
24    drugs coming from Florida, you mentioned  
25    hydrocodone and alprazolam, correct?

1 purpose in the usual course of professional  
2 practice are prescribers, mostly doctors, and  
3 pharmacists; is that right?

4 A. I believe so.

5 Q. Is it also true that it is only  
6 those -- those two entities, the prescriber who  
7 is treating the patient and the pharmacist who  
8 is asked to fill the prescription, who can make  
9 and are legally obligated to make a  
10 determination that the prescription is for a  
11 legitimate medical purpose?

12 A. Yes, sir.

13 Q. And there isn't anybody else in  
14 the system that can prospectively make that  
15 decision; it's made on the spot by the doctor  
16 prescriber and by the dispenser, the  
17 pharmacist, correct?

18 A. Yes, sir.

19 Q. Now, to go to the Section 1 that  
20 we were looking at, this chart, number 1 that's  
21 there, goes back to 2011, and would I be  
22 correct that if we move backwards in a previous  
23 OARRS report, a similar chart exists in those  
24 reports for 2010, 2009?

25 A. I would assume so.